PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

o: <u>Mail</u> Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

36218

7590

01/14/2010

KLARQUIST SPARKMAN, LLP 121 S.W. SALMON STREET SUITE #1600 PORTLAND, OR 97204-2988

FILED VIA EFS

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/527,500	03/11/2005		Jesus G Valenzuela		4239-66903-02	9994	
TITLE OF INVENTION	: P. ARIASI POLYPEP	FIDES, P. PERNICIOSU	S POLYPEPTIDES AND	METHODS OF US	SE .		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	МО	\$ 1510	\$300	\$0	\$1810	04/14/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
ARCHIE, NINA		1645	530-350000	-			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
See attached :		categories (will not be p	rinted on the patent):	Individual 🖾 Co	orporation or other private g	group entity 🔼 Governmen	
4a. The following fee(s)	are submitted:	41		ise first reapply ar	ıy previously paid issue fe	e shown above)	
X Issue Fee			A check is enclosed.				
☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required foo(s), any deficiency, or credit any				
			overpayment, to Depo	sit Account Number	02-4550		
 Change in Entity Sta a. Applicant claim 	tus (from status indicated s SMALL ENTITY state		b. Applicant is no long	ger claiming SMAI	L ENTITY status. See 37	CFR 1.27(g)(2).	
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if reqrecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	he applicant; a regi	stered attorney or agent; or	the assignee or other party	
Authorized Signature	Gue G	when	·····	Date	pol 13, 20	0/0	
	c Anne Carlson, F			Registration No. 47,472			
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, V Irginia 223	ation is required by 37 C tiality is governed by 35 d application form to the ons for reducing this builtinginia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR (on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 residual case. Any court, U.S. Patent and DTHIS ADDRESS	ne public which is to file (a minutes to complete, includ mments on the amount of Trademark Office, U.S. Do S. SEND TO: Commissione	nd by the USPTO to proces ing gathering, preparing, ar time you require to comple partment of Commerce, P.6 r for Patents, P.O. Box 145	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

- I. (A) NAME OF ASSIGNEE:
 The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services
 - (B) RESIDENCE: (CITY and STATE) Rockville, Maryland

- II. (A) NAME OF ASSIGNEE: Merial Limited
 - (B) RESIDENCE: (CITY and STATE) Duluth, Georgia

Assignee category:

Corporation or other Private Group Entity